What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

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SAI'S INSIGHTS – SO FAR, HOW FAR?

Prof Frederick Sai, Presidential Advisor on Reproductive Health, HIV/AIDS of the Republic of Ghana, is one of the architects of the Community Health and Family Planning Project. He has served as board member for several international organisations, including Family Health International, Family Care International, Population Action International, Population Council, and the International Planned Parenthood Federation…The "What works…" team paid a courtesy call on him at his residence in Accra. "What works…" notes 7, 8, and 9 are based on interactions with him.

WW: Prof, you have had an impressive international career in the field of reproductive health. In what way has the International Conference on Population and Development (ICPD) benefited Africans generally and Ghanaians particularly?

The ICPD as we call it, was a remarkable conference to the extent that for the first time the word 'development' was put as a heading to a population conference and it wasn't by accident. By the time we went to Cairo it had been accepted by everybody that population and development were two sides of the same coin and that one cannot progress without the other. What ICPD did was to put the population strategies and tactics well within development needs and approaches. It went beyond that and indicated that of all the development needs that would impact on population activities and be impacted by population activities were related to women and girls and that the education and change in status of women and girls is sine qua non for their being able to want to and to succeed in looking after their own fertility and general health.

From Cairo to Kayoro, women have shown increasing concern about being able to regulate their fertility

WW: It was a complete change of heart, wasn't it?

Very much so. It was what people have described as a 'paradigm shift'. Instead of having specific programmes dealing with fertility regulation alone there was the need to have programmes which in the larger context deal with women's development and giving women power to negotiate their own life needs; helping women to understand what is needed and to be themselves involved in planning the activities that they want to see. It is only within this broad health agenda—from birth to death almost, for the women that we would be able to make a rapid and sustained impact in reproductive health generally and in family planning and fertility regulation in particular. This, as a matter of fact, was an approach that suited African leaders very well.

WW: Why was it so?

African leaders were a little reluctant about the way people were talking about population—that Africans were growing their children too rapidly; that African population was interfering with African development. It was so much in figures and figures that African leaders felt there was no humanness in it. The International Conference on Population and Development (ICPD) was able to make African leaders see that population and fertility regulation and infant mortality, child deaths and the deaths of mothers when they were going to have children, were all interrelated. It was then that they had the courage to talk about how to improve the lot of women, how to improve thereby the lot of their communities by including these specific activities which we call population activities in this grand thing. So they got courage to speak and many African countries and African leaders now have the courage since ICPD, to talk about these issues.

WW: Well, there is still this idea of unmet demand for family planning. What priorities should be pursued within the FP programme to meet this unmet need?

The unmet demand is based on women who are married, who probably do not want to have any more children but are not using any contraception. It also has to do with women who want to postpone the birth of the next child but are not

having any contraception. Research has shown that if we go at programmes to meet what these people need we don't even need to have demographic targets—the population approaches would take care of themselves. So the first thing really is to make our programmes be able to find the types of women who do not want to have any more children, who want to postpone the birth of the next child and are not using any contraception. The other unmet demand is in fact, strange enough, that the people themselves do not even recognize it. This is in respect of adolescents. Just consider that in Ghana by the age of 20 about 90% of adolescent girls would already have had sex and practically all of this has been outside of marriage. The majority of these girls would tell you their first sexual contact and even their last sexual encounter was without contraception. They have a demand they haven't even recognized yet! So this is an area that we need to be very very sensitive to and focus attention on by developing programmes to help them through.

Adolescent girls have reproductive health needs that have not even been recognized yet

WW: Have Heads of State, Heads of Government and cabinet members shown leadership and commitment in support of the family planning programme in Ghana, for instance?

Yes, for sure. But let me start with Africa as a whole. In 1974 when we had the Bucharest Conference Africans were saying development is the best contraceptive, supporting India and other countries. By 1984 when we had the Mexico Conference African leaders had met in Arusha and had agreed that family planning was to be an integral part of development. For the ICPD the African region had met in Gore in Dakar and actually came out with suggestions about what to do to cut down the fertility rate and bring down the population so that development can be accelerated. So within three conferences African leaders had already come to an understanding of what was needed to be done in these fields even if most of them are not doing it too well. In 1987 we launched the Safe Motherhood Initiative, brought to the attention of our leaders why our women are dying and why it is that more women in Africa are dying in childbirth than in other countries. This has really fired the imagination of many African leaders and many of them have bought into the fertility regulation and family planning programmes as part also of saving children's lives.

WW: How about on the domestic front, has there been something to smile about?

In Ghana I can say the last government wanted to promote reproductive health but its methods were not particularly sensitive so the programmes did not move as aggressively as they might. In the last two years the programmes have had a major flip in the sense that the President has shown his own interest and commitment by appointing me as a Special Advisor on Reproductive Health and HIV/AIDS. The government has negotiated with the World Bank for support for the HIV/AIDS programme. The President has himself been to launch the Safe Motherhood Year Week and other activities. The President's wife happens to be a nurse midwife and she is particularly interested in these activities of saving the lives of women.

WW: Has this translated into money from the budget?

I am not sure we have got as much as we would like to have. But in some of the fields we have external assistance from the World Bank, the UNFPA, WHO, from USAID and from DFID and other sources. So there is money that supports the small budget line for these activities to be going on. But I believe programme management and programme decentralization so that the programmes are owned by the communities is what will make us successful. Of course in the case of Safe Motherhood there is a need for a backup hospital and equipment and training. With regard to training the corps of obstetrician-gynaecologists—which was very very small in the beginning and is now beginning to grow rapidly—they are producing another cadre that can man the outposts and look after the women so that between those who have nothing at all and the super specialists there are experts who would be able to take care of the women in addition to highly trained midwives. Good progress is being made.

WW: Equally well in all programme areas, I suppose?

Actually, I have recently been worried a little bit about the lack of progress with family planning. Because it looks like all these activities are going on and the lessons on family planning are not being translated into action. That is why experiments like the old Danfa one and now the Navrongo Experiment come to show us how to go at making family planning and Safe Motherhood activities a reality within the same programme.

Send questions or comments to: What works? What fails?
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